

How I Came to Myopia Management—and Why I Prescribe NaturalVue® Enhanced Multifocal 1 Day Contact Lenses

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Before optometry school, I was headed toward an academic research career as an undergraduate at the University of California, Berkeley.

However, as a wearer of old school daytime orthokeratology lenses (mostly with PMMA lenses and later with black market Canadian RGP materials), I was attracted to optometry as a profession.



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What I was taught—and what I saw in practice

In optometry school, I was taught many of the misconceptions that permeate the eyecare industry: OrthoK is largely ineffective, myopia is approximately 100% genetically predetermined, that near work and reading had nothing to do with it, that myopia stopped progressing around age 16 and that earlier studies suggesting otherwise were flawed or not worth pursuing. I accepted that at the time. I assumed my professors and textbooks were right, and I went into practice.

Then practice taught me something different.

After a few years, I realized that many of my myopic patients did not behave the way I had been taught they should. They continued to progress, often beyond the so-called age of cessation. That disconnect changed the trajectory of my career.

The research that changed my direction

What moved me forward were two papers by Goss and Grosvenor. One showed that bifocal glasses did not control myopia progression in general. The other showed that bifocal glasses did help in patients with near-point esophoria. That distinction mattered. I began prescribing bifocal glasses and progressive addition lenses for patients with esophoria at near, and I started seeing reductions in progression.

Over time, I came to believe that the standard way of describing binocular vision at near did not fully explain what was happening in these patients. I focused instead on eso fixation disparity at near, which reflects how the eyes are actually aligned while engaged in near tasks. Associated esophoria then helped identify the amount of plus power needed to eliminate that misalignment. I developed a protocol in which the bifocal ADD was based on the ADD needed to eliminate the eso fixation disparity at near.

From spectacles to multifocal contact lenses

That approach proved effective in compliant patients, but many children and young adults were not using their reading ADDs consistently for computers because of uncomfortable neck position. That led me to try bifocal contact lenses so the ADD would be available regardless of gaze position. That shift—from spectacle ADDs to simultaneous-vision bifocal and multifocal contact lenses—shaped nearly 40 years of research and development in myopia management.

Over those decades, I became involved in patents, research collaborations, industry partnerships, clinical trials and publications in the field. I also saw firsthand that while some of the results were strong, they were often doubted or dismissed. I kept going.

Why myopia management matters to me

My practice naturally began attracting patients interested in myopia management because of that work. As a clinician, my focus has remained straightforward: I try to maximize treatment efficacy for each patient at every monitoring visit. I believe that approach helps doctors refine protocols and helps patients achieve the best possible outcomes over the full course of treatment.

That is also why managing progressing myopia matters to me. We now have highly effective treatments that are well tolerated. If we intervene early enough, we can reduce future risk¹ and preserve better unaided vision.

Why I started prescribing NaturalVue® Enhanced Multifocal

I first became interested in Visioneering Technologies Inc.'s (VTI's) NaturalVue® Multifocal design when I saw experimental data showing its optical approach slowed myopia progression in chickens,² and in some cases even reduced induced myopia.³ That immediately got my attention. I wanted access to the lens.

In 2016, after persistent requests, I began offering NaturalVue® Multifocals to patients in my practice. Although I had already used other multifocal contact lenses in myopia management, I began relying more and more on NaturalVue®.

What stood out clinically

Several aspects of the lenses stood out clinically. First, the lens works across a wide range of prescriptions. Second, it is available in small increments across a broad power range, which means I do not have to compromise when trying to provide the best possible vision. Third, the lens' power profile suggested to me that it should perform well in myopia management, and that has matched what I have observed in practice.

In several small studies and in a larger study still in preparation from my practice, I have found that I can expect an average of about an 80% reduction in the progression of myopia and axial elongation when patients are switched from conventional glasses or contact lenses to NaturalVue® Multifocal.⁴

Visual performance and adaptation

I have also been struck by how well the NaturalVue® Multifocals improve patients' overall visual performance. Even though the lens is not a toric design, it can still provide excellent visual acuity in the presence of sometimes substantial astigmatism. In a recent study by VTI,⁵ the lens provided improved visual acuity up to -3.00 DC of astigmatism. Over the years, I've seen similar outcomes in my own astigmatic patients.

Additionally, some children appear to show improvement in unaided vision after adapting to the lens. For example, a child with a -2.50D prescription who might be expected to see no better than 20/200 unaided will often see closer to 20/40 after adaptation. That should be studied formally, but it is one of the more interesting clinical observations I have seen with this design.

What may explain the optics

These visual advantages come from the unique power profile of NaturalVue® Multifocals. It has been described as a catenary curve, like the curve seen in suspension bridge designs.

In this lens, a very small central zone is surrounded by a rapidly increasing plus-power zone that one might expect to blur vision, but instead it behaves more like pinhole optics or an extended depth of focus effect, allowing clear vision across a wide range of distances without a noticeable transition.

Why the research matters

The research base matters. I believe it is critically important that VTI is committed to the PROTECT (PROgressive Myopia Treatment Evaluation for NaturalVue Multifocal Contact Lens Trial) randomized clinical trial.

The PROTECT data help confirm what many practitioners have been observing in practice over the last decade. Because I had already used the lens extensively and have studied it in my own practice, the new data didn't impact how I prescribe the lenses. However, having those data makes it easier for colleagues and patients to feel confident in the recommendation.

A lens that earned its place in my practice

After years of working in myopia management, I view NaturalVue® Multifocals as an important tool because it combines strong treatment effects, useful optics, a daily disposable modality and broad clinical flexibility. In my practice, it has become my most commonly-used soft contact lens for treating myopia—and a frequent choice for presbyopia as well.

For me, that did not happen because of a trend. It happened because I kept looking for better ways to slow progression in real patients — and because this lens has consistently helped me do that.

Read part two of this two-part article series [here](#)

Thomas Aller, OD, FBCLA, is an optometrist, researcher, inventor and educator with a longstanding focus on myopia management. He is a named inventor on 22 granted U.S. and international patents related to optical strategies for myopia control and has served as a clinical and scientific advisor to organizations involved in myopia management worldwide. Dr. Aller has served as a Visiting Scholar at the University of California, Berkeley School of

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